



# South Carolina Department of Disabilities & Special Needs INFORMATION TECHNOLOGY PROCUREMENT REQUEST

Request No. \_\_\_\_\_ Date Required \_\_\_\_\_ Date March 5, 2013

Item No.	Qty	Unit of Meas.	Description	Est. Unit Cost	Total Cost	Account Classification (Budget Use Only)
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
			<b>SHIPPING TAX</b>		\$0.00	
					\$0.00	
			Page Total		\$ 0.00	

## Justification:

Requestor: \_\_\_\_\_ /Date \_\_\_\_\_ Approved: \_\_\_\_\_ /Date \_\_\_\_\_  
 Approved: \_\_\_\_\_ /Date \_\_\_\_\_ Approved: \_\_\_\_\_ /Date \_\_\_\_\_  
 Approved: \_\_\_\_\_ /Date \_\_\_\_\_ Approved: \_\_\_\_\_ /Date \_\_\_\_\_  
 CO/Regional Budget Section Director, Technical Support  
 Director, IRM  
 Deputy Dir. of Administrative Services

## Action by Purchasing Official and Receiptor Memoranda:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contract No. \_\_\_\_\_  
 Purchase Order No. \_\_\_\_\_  
 Requisition No. \_\_\_\_\_  
 Estimated Delivery Date \_\_\_\_\_

Copies 1,2,3,4 - IRM - Purchasing SCDDSN 260/92 Stk 99884  
 Copy 5 - Retain

Received  
 \_\_\_\_\_  
 Signature of User Date